

FILED SEP 26 1957

318

1003

STATE FILE NUMBER

38289

8774

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Baptist Hosp. 16 INSTITUTION		Length of stay in 1b 30 Yrs.		d. STREET ADDRESS 5052a Page (If outside, give location)	
3. NAME OF DECEASED (Type or print) First HAROLD Middle E. Last BROWN			4. DATE OF DEATH Month 9 Day 16 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/16/1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY St. Marks School		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Jessie Brown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <input type="checkbox"/> (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 490 12 8069			17. INFORMANT Address Maude Brown, 5052 Page		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoplastic Anemia DUE TO (b) hypersplenism DUE TO (c) chronic myelogenous leukemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Jan 57. Sept 57.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 293x			
20c. TIME OF INJURY Hour- _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 13/57 to 9/16/57 and last saw her alive on 9/16/57 . Death occurred at St. Louis Hosp. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Chas. W. Harris MD		22b. ADDRESS 5052a Page		22c. DATE SIGNED 9/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/19/1957		23c. NAME OF CEMETERY OR CREMATOR St. Paul's Churchyard	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette			25. DATE RECD. BY LOCAL REG. SEP 18 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

in 85.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James R. Chapman*
Licensed Embalmer No. *4*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.